

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/689157

FILING DATE

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8	1						58
9		1					59
10		1					60
11		1					61
12	1						62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	3						TOTAL IND.
TOTAL DEP.	9	↓	↓	↓	↓	↓	TOTAL DEP.
TOTAL CLAIMS	12	↓	↓	↓	↓	↓	TOTAL CLAIMS